



Commonwealth of Virginia Virginia Department of Criminal Justice Services Grant Application Instructions

Attachment 1B

The [DCJS Grant Application Form](http://www.dcj.virginia.gov/forms/sectionForms.cfm?code=7&menuLevel=10&mID=6) may be found on our website at www.dcj.virginia.gov/forms/sectionForms.cfm?code=7&menuLevel=10&mID=6

- ☐ **Grant Program** – List the grant program you are applying for.
- ☐ **Congressional Districts** – List the congressional districts that will benefit from this program.
- ☐ **Applicant** – Use this space to provide the name of the locality or state agency applying.
- ☐ **Faith Based Organization** – Is the *applicant* a faith-based organization?
- ☐ **Applicant FIN** – Use this space to provide the applicant's federal Identification number.
- ☐ **Best Practice** – For JJDP programs only.
- ☐ **Jurisdiction(s) Served** - List all localities to be served; or indicate "statewide" if that is appropriate.
- ☐ **Program Title** - List the specific title of the grant program category, if any, under which you are requesting funds; for example "Multidisciplinary Partnerships."
- ☐ **Certified Crime Prevention Community** – Has your locality been certified by DCJS?
- ☐ **Targeted Age** – For JJDP programs only, list the age range of those who will benefit from these services.
- ☐ **Grant Period** – Provide the proposed grant period.
- ☐ **DUNS Number** – Provide the Data Universal Numbering (DUNS) Number. DUNS number is a unique nine-character identification number provided by Dun and Bradstreet. If you do not have a number for the locality or organization, please go to the website <http://fedgov.dnb.com/webform>.
- ☐ **Type of Application** – New, Continuation or revised application
- ☐ **Rural, Urban or Suburban** – Check the box that best describes the applicant locality.
- ☐ **Project Director, Project Administrator, and Finance Officer**
 - **Project Director** – The person who will have day-to-day responsibility for managing the project.
 - **Project Administrator** – The person who has authority to formally commit the locality or state agency to complying with all the terms of the grant application including the provision of the required cash match. This **must** be the city, county or town manager; the chief elected officer of the locality, such as the Mayor or Chairman of the Board of Supervisors; or, in the case of a state agency, the agency head. *If someone other than one of these officials has been delegated the authority to sign, and signs the grant application, provide a copy of the letter, memorandum or other document by which the signing authority was delegated.*
 - **Finance Officer** – The person who will be responsible for fiscal management of funds.
- ☐ **It is extremely important that you provide e-mail address, telephone and fax numbers for each person. Also please provide the zip +4 code for each person.**
- ☐ **Brief Project Description** – A short description of the proposed project.
- ☐ **Project Budget Summary** – Total figures from "Itemized Budget."